
State: District of Columbia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: Medicare Supplement Advertising - 461798
Project Name/Number: Medicare Supplement Advertising/461798

Filing at a Glance

Company: Mutual of Omaha Insurance Company
Product Name: Medicare Supplement Advertising - 461798
State: District of Columbia
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.012 Multi-Plan 2010
Filing Type: Form
Date Submitted: 01/16/2020
SERFF Tr Num: MUTM-132225269
SERFF Status: Closed-APPROVED
State Tr Num:
State Status:
Co Tr Num: KELLY KRUMWIED

Implementation
Date Requested:
Author(s): Kelly Krumwied
Reviewer(s): Colin Johnson (primary), RaShaunda Benson
Disposition Date: 02/06/2020
Disposition Status: APPROVED
Implementation Date: 02/06/2020

State: District of Columbia **Filing Company:** Mutual of Omaha Insurance Company
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General Information

Project Name: Medicare Supplement Advertising

Project Number: 461798

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Kelly Krumwied

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/06/2020

State Status Changed:

Created By: Kelly Krumwied

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Thank you for the review of this filing.

Company and Contact

Filing Contact Information

Melanie Worth, Product & Advertising
Compliance Analyst

melanie.worth@mutualofomaha.com

Mutual of Omaha

402-351-4260 [Phone]

Mutual of Omaha Plaza

402-351-5298 [FAX]

Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance
Company

CoCode: 71412

State of Domicile: Nebraska

3300 Mutual of Omaha Plaza

Group Code: 261

Company Type: Health

Omaha, NE 68175

Group Name:

Insurance

(402) 351-2645 ext. [Phone]

FEIN Number: 47-0246511

State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Colin Johnson	02/06/2020	02/06/2020

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Disposition

Disposition Date: 02/06/2020
Implementation Date: 02/06/2020
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memo of Variability	APPROVED	Yes
Form	Website	APPROVED	Yes

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Form Schedule

Lead Form Number: 461798								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	APPROVED 02/06/2020	Website	461798	ADV	Initial			461798 - Mutually Well Landing Page brackets.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

Medicare Supplement Insurance
Medicare Supplement Insurance underwritten by **United World Life Insurance Company**

[Our Solutions](#)[Basics](#)[Reviews](#)[Quote](#)

Call Toll Free [Hours](#) [800-123-4567](#)

[Contact an Agent](#)[Get A Quote](#)

Mutually Well

500Disclaimer: This is a solicitation of insurance. Contact will be made by an insurance agent or insurance company.

Get more value with your policy.

Your Medicare supplement policy includes access to Mutually Well – a program designed to help you achieve your best health. With Mutually Well, you can tailor a fitness and wellness program to meet your individual needs and goals. **THIS IS NOT INSURANCE**

MUTUALLY WELL

together with Tivity Health®

The Mutually Well program gives you more...

More Ways to Stay Healthy

The Mutually Well program includes more resources to help you stay healthy, stay fit, and keep more money in your pocket.

More Discounts

Save up to 30% on healthy living products and services from over 20,000 health and well-being specialists nationwide.* You'll receive discounts on things like chiropractic, acupuncture, massage therapy, personal training, fitness equipment, meal programs and more.

To see what providers are near you in Tivity Health's network and view discounts on healthy living products please visit [MutuallyWell.com](#)

A More Personalized Plan

Personalization is important, especially when it comes to your fitness and wellness goals. With our Mutually Well app, you can create a personalized plan for your healthy living. To get started:

- Download the Mutually Well app from the Apple or Android app store
- Select a goal. Are you looking to reduce your stress? Feel more energetic? Maybe lose a few pounds?
- Once you select your goal, start your plan

Be Fit

Add an optional Mutually Well Gym Membership for a low monthly fee.

It's Affordable – Just \$25** a month with no enrollment fee. Group classes are included with your basic membership, where available.

It's Convenient – You have access to over 10,000 participating fitness locations*** nationwide so you can visit gyms where you live, work and travel. Check to find locations near you at [www.mutuallywell.com/locations](#)

It's Flexible – There are no enrollment fees and no gym contracts, so you can stop and restart your membership at any time.

All this included with your Medicare supplement plan

Details on how you can take advantage of the Mutually Well program will be included in your Medicare supplement policy welcome kit.

[Find the right Medicare Supplement plan](#)

*Tivity Health, Inc., and its affiliates do not employ, own or operate third-party service providers. Services are subject to terms and conditions of such third-party provider. Check with the provider for details.

**Gym membership fee is \$25 per month plus applicable sales tax.

***Members who opt-in and pay for the Mutually Well Gym Membership are entitled to the use of fitness location facilities and amenities available to the holder of a basic membership at the fitness location. Fitness locations are not owned or operated by Tivity Health, Inc., or its affiliates. Facilities and amenities vary by location.

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Important Disclosure Information

IMPORTANT DISCLOSURES: Mutual of Omaha Insurance Company, its affiliates and subsidiaries ("Mutual") and Tivity Health Services, LLC, ("Tivity Health") have entered into an arrangement where Tivity Health provides access to a national network of fitness locations (the "Fitness Benefit") to Members of the Mutually Well program ("Mutually Well program"). Tivity Health is responsible for the administration of the Fitness Benefit. Members of the Mutually Well program through the arrangement with Mutual and Tivity Health also have access to a network of participating third-party service providers who offer services and products at a discount known as WholeHealth Living Choices program ("Choices"). Mutual has contracted with Tivity Health to administer the Choices program.

The Mutually Well program is not insurance and is available to Medicare supplement insurance customers of Mutual. The Mutually Well program is provided by Tivity Health, an independent company. Consult a health care professional with questions about your health care needs. Mutually Well is not available in California or New York or as amended in the future in compliance with state laws and regulations. Each company is responsible for its own financial obligations.

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To view the complete Mutually Well disclosure visit <https://www.mutuallywell.com/mutual-of-omaha-terms>

Mutual of Omaha Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Mutual of Omaha Rx depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply.

Premiums may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

The formulary may change at any time. You will receive notice when necessary.

Medicare beneficiaries may also enroll in PDP through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>.

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1xxx-xxx-xxxx (TTY: 1-xxx-xxx-xxxx)

This is a solicitation of insurance and an insurance agent/producer will contact you.

Not connected with or endorsed by the U.S. government or the federal Medicare program.

Medicare supplement insurance policy forms are underwritten by United World Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha NE 68175. Policy Forms: WM20, WM22, WM23, WM24, WM25, WM34, WM35, WM36 or state equivalent (in WI, WM28-25274, WM29-25275, in NC, WM20-25293NC, WM24-25294NC, WM25-25295NC, WM34-25296NC, WM35-25297NC, WM36-25735NC). Not all policy forms may be available in every state. Select policy forms are only available to individuals who turn 65 before January 1, 2020.

An outline of coverage is available upon request. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers of Medicare and Medicaid Services.

Your Medicare supplement Insurance policy has the following exclusions and will not pay for: expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section; your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force; any expense you incur which is paid for by Medicare; any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis; non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions; services for which a charge is not normally made in the absence of insurance; or loss or expense that is payable under another Medicare supplement insurance policy or certificate. Coverage may vary by state.

In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy regardless of your age.

Your coverage starts on the policy date 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first policy renewal date. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends. You may cancel your policy at any time by giving us written notice. Your policy will terminate on the earliest of the date we receive your request to cancel the policy, your coverage is replaced by another Medicare supplement insurance policy, the required premium has not been paid before the end of the grace period or the date of your death. In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. Termination will not affect any claim that began while your policy was in force.

In NC, premiums are based on attained age, which means they will increase each year until age 99.

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461798

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Supporting Document Schedules

Satisfied - Item:	Memo of Variability
Comments:	
Attachment(s):	461798 - Mutually Well Landing Page MOV.pdf
Item Status:	APPROVED
Status Date:	02/06/2020

A	This will change based on the Zip code auto-selected or explicitly selected by the user.
B	The hero image will vary
C	<p>Will display the underwriting company appropriate for your state from one of the following:</p> <ul style="list-style-type: none"> • United of Omaha Life Insurance Company • Omaha Insurance Company • United World Life Insurance Company • Mutual of Omaha Insurance Company • Omaha Supplemental Insurance Company <p>In MD and NM, United of Omaha Life Insurance Company will be shown. In VA, Mutual of Omaha Insurance Company will be shown.</p>
C.1	<p>One of the following options will be used:</p> <ul style="list-style-type: none"> • Pricing • Get a Quote • Get Quote • Apply • Cost
C.2	This link won't appear in states that do not allow reviews and it will not appear for AZ, FL, MD, MT, WA.
D	<p>One of the following options will be used:</p> <ul style="list-style-type: none"> • Hours • Our hours <p>The hours may vary. Hours will show when the user hits the carrot.</p>
E	The phone number will vary since different numbers will be used for response tracking purposes.
F	<p>One of the following options will be used:</p> <ul style="list-style-type: none"> • Work with an agent • Schedule a meeting with an agent • Connect with an agent • Contact an agent • Set up an appointment • Contact us • Have an agent contact me • Chat with us • Find an agent • Contact with your agent • Connect with your agent • Give us a call • Get in contact • Take the next step

	<ul style="list-style-type: none"> • Meet with an agent <p>In WA and OR, “agent” will read “producer”</p>
G	In WA and OR, “agent” will read “producer” whether bracketed or not.
H	<p>One of the following options will be used:</p> <ul style="list-style-type: none"> • Apply Online • Get a Quote • Apply now • Buy online • Start your application <p>This button might be hidden in states where online applications are not approved. The button will never mention “Apply Online” in those states.</p>
I	This image or illustration may vary or not appear due to page size constraints or future updates.
J	Will appear for ID.
500	This will only appear if you are in New Hampshire.
X	Appropriate social media icons may or may not appear.
Y	This is a toggle that will show and hide the disclaimer information. It will be closed on page load. It will be open for TN and TX.
Z	<p>All states will include the following disclosure to meet CMS requirements, and could change based on CMS regulations:</p> <p>Mutual of Omaha Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Mutual of Omaha Rx depends on contract renewal.</p> <p>This information is not a complete description of benefits. Call 855-864-6797/TTY 800-716-3231 for more information. Limitations, copayments and restrictions may apply.</p> <p>Premiums may change on January 1 of each year. You must continue to pay your Medicare Part B premium.</p> <p>The formulary may change at any time. You will receive notice when necessary.</p> <p>Medicare beneficiaries may also enroll in PDP through the CMS Medicare Online Enrollment Center located at http://www.medicare.gov.</p> <p>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-864-6797/TTY 800-716-3231.</p> <p>In CO, ME, NM, WA the disclosure will read:</p> <p>This is a solicitation of insurance and an insurance agent/producer will contact you.</p>

<p>Not connected with or endorsed by the U.S. government or the federal Medicare program.</p> <p>Medicare supplement insurance policies are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha NE 68175. Policy forms: UM20, UM21, UM22, UM23, UM24, UM30, UM34, UM35, UM36 or state equivalent (in WA, UM20-24208, UM23-24209, UM24-24210, UM34-24965, UM35-24967, UM20R-24211, UM23R-24212, UM24R-24213, UM34R-24966, UM35R-24968, UM36-25763, UM36R-25764). Not all policy forms may be available in every state. Select policy forms are only available to individuals who turn 65 before January 1, 2020.</p> <p>An outline of coverage is available upon request. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers for Medicare and Medicaid Services.</p> <p>Your Medicare supplement insurance policy has the following exclusions and will not pay for: expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section; your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force; any expense you incur which is paid for by Medicare; any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis; non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions; services for which a charge is not normally made in the absence of insurance; or loss or expense that is payable under another Medicare supplement insurance policy or certificate. Coverage may vary by state.</p> <p>IMPORTANT NOTE: In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy regardless of your age. (All plans in CO and ME)</p> <p>Your coverage starts on the policy date 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first policy renewal date. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends. You may cancel your policy at any time by giving us written notice. Your policy will terminate on the earliest of the date we receive your request to cancel the policy, your coverage is replaced by another Medicare supplement insurance policy, the required premium has not been paid before the end of the grace period or the date of your death. In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. Termination will not affect any claim that began while your policy was in force.</p> <p>In MD the disclosure will read:</p> <p>This is a solicitation of insurance and an insurance agent/producer will contact you.</p>
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	<p>Not connected with or endorsed by the U.S. government or the federal Medicare program.</p> <p>Medicare supplement insurance policies are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha NE 68175. Policy forms: UM20, UM23, UM24, UM34, UM35, UM36 or state equivalent. Not all policy forms may be available in every state. Select policy forms are only available to individuals who turn 65 before January 1, 2020.</p> <p>An outline of coverage is available upon request. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers for Medicare and Medicaid Services.</p> <p>Your Medicare supplement insurance policy has the following exclusions and will not pay for: expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section; your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force; any expense you incur which is paid for by Medicare; any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis; non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions; or services for which a charge is not normally made in the absence of insurance. Coverage may vary by state.</p> <p>Medicare supplement Plan A is available to those eligible under the age of 65.</p> <p>Your coverage starts on the policy date 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first policy renewal date. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends. You may cancel your policy at any time by giving us written notice. Your policy will terminate on the earliest of the date we receive your request to cancel the policy, your coverage is replaced by another Medicare supplement insurance policy, the required premium has not been paid before the end of the grace period or the date of your death. In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. Termination will not affect any claim that began while your policy was in force.</p> <p>In NJ the disclosure will read:</p> <p>This is a solicitation of insurance and a licensed agent/producer may contact you.</p> <p>Not connected with or endorsed by the U.S. government or the federal Medicare program.</p> <p>Medicare supplement insurance policies are underwritten by Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy Forms: NM20, NM21, NM22, NM23, NM24,</p>
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<p>NM34, NM35, NM36, or state equivalent. Not all policy forms may be available in every state. Select policy forms are only available to individuals who turn 65 before January 1, 2020.</p> <p>An outline of coverage is available upon request. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers for Medicare and Medicaid Services.</p> <p>Your Medicare supplement insurance policy has the following exclusions and will not pay for: expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section; your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force; any expense you incur which is paid for by Medicare; any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis; non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions or services for which a charge is not normally made in the absence of insurance. Coverage may vary by state.</p> <p>In some states, Medicare supplement policies are available to those eligible for Medicare due to a disability, regardless of age.</p> <p>Your coverage starts on the policy date 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first policy renewal date. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends. You may cancel your policy at any time by giving us written notice. Your policy will terminate on the earliest of the date we receive your request to cancel the policy, your coverage is replaced by another Medicare supplement insurance policy, the required premium has not been paid before the end of the grace period or the date of your death. In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. Termination will not affect any claim that began while your policy was in force.</p> <p>In IA, IL, IN, KY, MI, MS, NV, NC, NE, SC, TN, WI, WV the disclosure will read:</p> <p>This is a solicitation of insurance and an insurance agent/producer will contact you.</p> <p>Not connected with or endorsed by the U.S. government or the federal Medicare program.</p> <p>Medicare supplement insurance policy forms are underwritten by United World Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha NE 68175. Policy Forms: WM20, WM22, WM23, WM24, WM25, WM34, WM35, WM36 or state equivalent (in WI, WM28-25274, WM29-25275, in NC, WM20-25293NC, WM24-25294NC, WM25-25295NC, WM34-25296NC, WM35-25297NC, WM36-25735NC). Not all policy forms may be available in every state. Select policy forms are only available to individuals who turn 65 before January 1, 2020.</p>

<p>An outline of coverage is available upon request. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers for Medicare and Medicaid Services.</p> <p>Your Medicare supplement insurance policy has the following exclusions and will not pay for: expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section; your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force; any expense you incur which is paid for by Medicare; any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis; non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions; services for which a charge is not normally made in the absence of insurance; or loss or expense that is payable under another Medicare supplement insurance policy or certificate. Coverage may vary by state.</p> <p>In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy regardless of your age.</p> <p>Your coverage starts on the policy date 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first policy renewal date. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends. You may cancel your policy at any time by giving us written notice. Your policy will terminate on the earliest of the date we receive your request to cancel the policy, your coverage is replaced by another Medicare supplement insurance policy, the required premium has not been paid before the end of the grace period or the date of your death. In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. Termination will not affect any claim that began while your policy was in force.</p> <p>In NC, premiums are based on attained age, which means they will increase each year until age 99.</p> <p><u>In OH the disclosure will read:</u></p> <p>This is a solicitation of insurance and an insurance agent/producer will contact you.</p> <p>Not connected with or endorsed by the U.S. government or the federal Medicare program.</p> <p>Medicare supplement insurance policy forms are underwritten by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha NE 68175. Policy Forms: MM20, MM24, MM25, MM35, MM36 or state equivalent. Not all policy forms may be available in every state. Select policy forms are only available to individuals who turn 65 before January 1, 2020.</p>

<p>An outline of coverage is available upon request. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers for Medicare and Medicaid Services.</p> <p>Your Medicare supplement Insurance policy has the following exclusions and will not pay for: expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section; your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force; any expense you incur which is paid for by Medicare; non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions; services for which a charge is not normally made in the absence of insurance; or loss or expense that is payable under another Medicare supplement insurance policy or certificate. Coverage may vary by state.</p> <p>In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy regardless of your age.</p> <p>Your coverage starts on the policy date 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first policy renewal date. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends. You may cancel your policy at any time by giving us written notice. Your policy will terminate on the earliest of the date we receive your request to cancel the policy, your coverage is replaced by another Medicare supplement insurance policy, the required premium has not been paid before the end of the grace period or the date of your death. In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. Termination will not affect any claim that began while your policy was in force.</p> <p>Licensed insurance agents/producers are authorized to sell this Medicare supplement insurance policy on behalf of Mutual of Omaha Insurance Company.</p> <p>This information may be verified by contacting the Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Toll Free 1-800-228- 7104. In Ohio, contact the Ohio Department of Insurance, 50 W. Town Street, Third Floor, Suite 300, Columbus, OH 43215. Consumer Hotline: 1-800-686-1526 or TDD Number (614) 644-3745.</p> <p>In AK, CA, DC, GA, HI, KS, MT, NH, NY, PA, PR, RI, VI, VT, VA, WY the disclosure will read:</p> <p>This is a solicitation of insurance and an insurance agent/producer will contact you.</p> <p>Not connected with or endorsed by the U.S. government or the federal Medicare program.</p> <p>Medicare supplement insurance policies are underwritten by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy Forms MM20, MM21,</p>

	<p>MM22, MM23, MM24, MM25, MM30, MM34, MM35, MM36 or state equivalent (in CA, MM20-24250, MM24-24251, MM25- 24252, MM34-24916, MM35-24917, MM36-25627; in NY, MM20-21669, MM21- 21670, MM22-22407, MM23-22408, MM24-21671, MM25-21672, MM30-22503; in PA, MM20-24978, MM21-24980, MM22-24982, MM23-24984, MM24-24986, MM25- 24988, MM34-24990, MM35-24992, MM36-25765, in VA, MM20-25669, MM24-25670, MM25-25671, MM35-25673, MM36-25672, app MA6026-44). Not all policy forms may not be available in every state. Select policy forms are only available to individuals who turn 65 before January 1, 2020.</p> <p>AN OUTLINE OF COVERAGE IS AVAILABLE UPON REQUEST. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers for Medicare and Medicaid Services.</p> <p>Your Medicare supplement insurance policy has the following exclusions and will not pay for: expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section; your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force; any expense you incur which is paid for by Medicare; any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis; non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions; services for which a charge is not normally made in the absence of insurance; or loss or expense that is payable under another Medicare supplement insurance policy or certificate. Coverage may vary by state.</p> <p>In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy regardless of your age.</p> <p>Your coverage starts on the policy date 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first policy renewal date. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends. You may cancel your policy at any time by giving us written notice. Your policy will terminate on the earliest of the date we receive your request to cancel the policy, your coverage is replaced by another Medicare supplement insurance policy, the required premium has not been paid before the end of the grace period or the date of your death. In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. Termination will not affect any claim that began while your policy was in force.</p> <p>New York residents: these policies meet the minimum standards for MEDICARE SUPPLEMENT INSURANCE as defined by the New York State Insurance Department. The expected benefit ratio average for the policies is 65%. This ratio is the portion of future premiums which the company expects to return as benefits when averaged over all people with these policies.</p>
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<p>IMPORTANT NOTICE — A CONSUMER'S GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE MAY BE OBTAINED FROM YOUR LOCAL SOCIAL SECURITY OFFICE OR FROM THIS INSURER.</p> <p>GA residents: THIS IS A LIMITED POLICY DESIGNED TO COVER ONLY THOSE MEDICARE-APPROVED EXPENSES WHICH MEDICARE DOES NOT COVER.</p> <p>In AL, AR, AZ, CT, DE, ID, LA, MN, MO, ND, OK, OR, SD, UT the disclosure will read:</p> <p>This is a solicitation of insurance and a licensed agent/producer may contact you.</p> <p>Not connected with or endorsed by the U.S. government or the federal Medicare program.</p> <p>Medicare supplement insurance policies are underwritten by Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy Forms: NM20, NM21, NM23, NM24, NM34, NM35, NM36 or state equivalent (in ID: NM20-25611, NM23-25612, NM24-25613, NM34-25614, NM35-25615, NM36-25687; in MN: NM26-25619 Basic, NM27-25620 Extended Basic; in OK: NM20-24231, NM23-24232, NM24-24233, NM34-24946, NM35-24947, NM36-25762; in OR: NM20-24272, NM23-24273, NM34- 24886, NM24-24274, NM35-24887, NM36-25696, NM20R-24283, NM23R-24284, NM24R-24285, NM34R-25005, NM35R-25006, NM36R-25697). Not all policy forms may be available in every state. Select policy forms are only available to individuals who turn 65 before January 1, 2020.</p> <p>An outline of coverage is available upon request. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers for Medicare and Medicaid Services.</p> <p>Your Medicare supplement Insurance policy has the following exclusions and will not pay for: expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section; your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force; any expense you incur which is paid for by Medicare; any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis; non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions; services for which a charge is not normally made in the absence of insurance; or loss or expense that is payable under another Medicare supplement insurance policy or certificate. Coverage may vary by state.</p> <p>In some states, Medicare supplement policies are available to those eligible for Medicare due to a disability, regardless of age.</p> <p>Your coverage starts on the policy date 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first policy renewal date. Each time you renew your policy by paying</p>
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<p>the premium within the 31-day grace period, a new term begins when the old term ends. You may cancel your policy at any time by giving us written notice. Your policy will terminate on the earliest of the date we receive your request to cancel the policy, your coverage is replaced by another Medicare supplement insurance policy, the required premium has not been paid before the end of the grace period or the date of your death. In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. Termination will not affect any claim that began while your policy was in force.</p> <p>In ND, Plans A, F, HDF, G, HDG and N are also available.</p> <p>In FL, the disclosure will read:</p> <p>This is a solicitation of insurance and an insurance agent/producer will contact you.</p> <p>Not connected with or endorsed by the U.S. government or the federal Medicare program.</p> <p>Medicare supplement insurance policies are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha NE 68175. Policy Forms: UM20-24200, UM23-24201, UM34-25069, UM24-24202, UM35- 25071, UM36-25702. Not all policy forms may be available in every state. Select policy forms are only available to individuals who turn 65 before January 1, 2020.</p> <p>An outline of coverage is available upon request. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers for Medicare and Medicaid Services.</p> <p>Your Medicare supplement insurance policy has the following exclusions and will not pay for: expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section; your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force; any expense you incur which is paid for by Medicare; any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis; non-Medicare-eligible expenses; services for which a charge is not normally made in the absence of insurance; or loss or expense that is payable under another Medicare supplement insurance policy or certificate. Coverage may vary by state.</p> <p>In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy regardless of your age.</p> <p>Your coverage starts on the policy date 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first policy renewal date. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends. You may cancel your policy at any time by giving us written notice. Your policy will terminate on the</p>

<p>earliest of the date we receive your request to cancel the policy, your coverage is replaced by another Medicare supplement insurance policy, the required premium has not been paid before the end of the grace period or the date of your death. In the event of cancellation or death, we will promptly return the unearned portion of any premium paid. Termination will not affect any claim that began while your policy was in force.</p> <p>In TX the disclosure will read:</p> <p>This is a solicitation of insurance and an insurance agent/producer will contact you.</p> <p>Not connected with or endorsed by the U.S. government or the federal Medicare program.</p> <p>Medicare supplement insurance policy forms are underwritten by Omaha Supplemental Insurance Company, 3300 Mutual of Omaha Plaza, Omaha NE 68175. Policy Forms: SM20-25744, SM24-25745, SM25-25746, SM35-25748, SM36-25747. Not all policy forms may be available in every state. Select policy forms are only available to individuals who turn 65 before January 1, 2020.</p> <p>An outline of coverage is available upon request. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers for Medicare and Medicaid Services.</p> <p>Your Medicare supplement insurance policy has the following exclusions and will not pay for: expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section; your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force; any expense you incur which is paid for by Medicare; any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis; non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions; services for which a charge is not normally made in the absence of insurance; or loss or expense that is payable under another Medicare supplement insurance policy or certificate. Coverage may vary by state.</p> <p>In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy regardless of your age.</p> <p>Your coverage starts on the policy date 12:01 a.m. where you reside. It ends at 12:01 a.m. where you reside on the first policy renewal date. Each time you renew your policy by paying the premium within the 31-day grace period, a new term begins when the old term ends. You may cancel your policy at any time by giving us written notice. Your policy will terminate on the earliest of the date we receive your request to cancel the policy, your coverage is replaced by another Medicare supplement insurance policy, the required premium has not been paid before the end of the grace period or the date of your death. In the event of cancellation or</p>
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	<p>death, we will promptly return the unearned portion of any premium paid. Termination will not affect any claim that began while your policy was in force.</p> <p>In TX, benefits and premiums under this policy may be suspended for up to 24 months if you become entitled to benefits under Medicaid. You must request that your policy be suspended within 90 days of becoming entitled to Medicaid. If you lose (are no longer entitled to) benefits from Medicaid, this policy can be reinstated if you request reinstatement within 90 days of the loss of such benefits and pay the required premium. Plans A and F are also available.</p> <p>No individual can be denied any Medicare supplement policy sold by any Medicare supplement issuer if the application is submitted during the six month period beginning with the first day of the first month in which an individual first enrolls for benefits under Medicare Part B; or if one was previously enrolled in Medicare Parts A and B and applies within six months of turning age 65; or if you are under age 65, have Medicare Part A and are within the six months following enrollment for Medicare Part B.</p> <p>Medicare beneficiaries under age 65 have two open enrollment periods, one when they first enroll in Part B and a second one when they turn age 65.</p>
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PLEASE NOTE: The variable sections of this form are set-up by the Home Office to assure that the correct information is printed. The final form will not contain brackets denoting variable data; The use of variable data will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination; The variable data included in this statement will be used on referenced forms and; Any changes to variable data will be submitted prior to implementation.

01/10/2019